

300 SW 6th Ave Portland, OR 97204
Phone: 503.546.2666 Fax: 503.459.4444

THE ORIGINALSM
A DINERANT

To:	From:
Fax:	Pages:
Phone:	Date:
Re: Gift Card Authorization	Cc:

Please fill out the following information and fax it back to us at **503.459.4444**

MAIL

PICK UP

This Gift Card Is For:

To: _____
(25 characters only)

From: _____
(25 characters only)

Denomination: _____

Mail Gift Card To:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Method of Payment:

AMEX

MASTER CARD

VISA

Credit
Card

Number: _____ EXPIRATION _____

Signature: _____

Purchasers Phone Number: _____

Enclose Receipt? YES or NO